

REASON		GRADE 2 RATING A	Inspection Date:	ESTABLISHMENT NAME:	
Regular	✓		04/09/2018	M.G. HUFFER ADVENTURES IN LEARNING CHILD DEV.	
Follow-Up			Time In/Out:	OWNER/OPERATOR:	
Complaint			1:57PM 3:10PM	M.G. HUFFER, INC.	
Investigation			Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:		20000-170000540	YONA	CCC/N	
No. of Children: 20 Male 15 Female 35 Total			PERMIT STATUS: ✓ Valid _____ Temporary _____ Expired		
			Child Care License No.: 180177 ✓ / Valid / / Provisional / / Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

Received By (Name & Title):

Mayrene Ann Santos Director

DEH Inspector (Name & Title):

V. RAYMUNDO, EPHO I